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FOR ACTION

# COUNTRY PROGRAMME STRATEGY NOTE**

## Lebanon

SUMMARY

The Executive Director presents the country programme strategy note for Lebanon for a programme of cooperation for the period 1997 to 2001.

Emerging from 15 years of civil war that has wreaked havoc on its economy and destroyed infrastructure for the delivery of basic services, Lebanon has embarked on a process of healing and reconstruction in which the Government, the private sector, non-governmental organizations (NGOs) and individuals are all playing a part. Some basic indicators such as the infant mortality rate and primary school enrolment, which worsened considerably during the war, have come back to pre-war levels, and Lebanon has succeeded in achieving most of the mid-decade goals. However there are still significant regional disparities and problems of sustainability, quality and capacity-building for long-term development.

The Government of Lebanon has initiated a reconstruction and development plan, Horizon 2000, and the agencies of the United Nations, including UNICEF, are developing a country strategy note that supports and complements this effort. Within that context, the strategic focus for this programme cycle will be on capacity-building with the Government and NGOs in basic health, primary education, and children and women in especially difficult circumstances. The programme will include a special focus on the most underserved regions of the country. These efforts will be supported by a cross-cutting strategy of advocacy for implementation of the Convention on the Rights of the Child and social mobilization for the goals.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

## THE SITUATION OF CHILDREN AND WOMEN

1. The recently-ended civil war in Lebanon continues to affect the well-being of children and women. Twenty-eight per cent of families live in absolute poverty; of these, 75 per cent live in rural areas and 25 per cent in urban areas. Women and children are increasingly in the labour market to meet the basic needs of their families, with children perhaps accounting for up to one third of the paid labour force.

2. The Lebanese war created a serious situation of children and women in especially difficult circumstances. More than 800,000 people were forced to leave their homes during the war, and about 450,000 of them remain displaced. Some 53,000 children have physical and/or mental disabilities, and strategies have yet to be developed to deal with this problem. Ten per cent of the country remains under occupation, which impacts women and children most.

3. Many of the mid-decade goals have been met at the national level, e.g. coverage for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine increased from 82 per cent in 1990 to 92 per cent in 1994. Use of oral rehydration therapy rose from 45 to 82 per cent in the same period. There has been only one case of polio since 1992. All salt available for human consumption is now iodized. In education, enrolment at the primary level is already high - 96 per cent - with no evident gender disparity. However, 70 per cent of the secondary school students drop out, a sign of inadequate quality of education. Repetition rates are high, and 62 per cent of all children in the primary cycle are over age. Nationally, infant and under-five mortality rates are estimated at 32 (1994) and 40 per 1,000 live births, respectively. Seventy-four per cent of infant deaths occur in the first month, mainly from congenital malformations, premature births and low birth weight. Acute respiratory infections are the largest single cause of infant and child mortality and morbidity. However, these numbers mask severe problems in underserved and conflict-affected areas. In the Beirut suburbs, the infant mortality rate (IMR) is estimated to be three times higher than in the town itself; 60 per cent of all under-five mortality occurs in the Beqa'a and the northern areas, where only 25 per cent of the total under-five population live.

4. The private sector provides about 85 per cent of health services. Private schools enrol 73 per cent of the students. In remote areas, both the Government and non-governmental organizations (NGOs) serve the poorer population, although the quality of services is generally not high.

## LESSONS LEARNED FROM PAST COOPERATION

5. Achievement of the mid-decade goals became possible with the use of strategies aimed at capacity-building through extensive training of government agencies and NGOs. As a whole, cooperation with national and local NGOs was positive. However, NGOs sometimes lacked sufficient experience and managerial skills. Thus, UNICEF and the Government will strengthen the role of NGOs with respect to greater effectiveness and sustainability of their efforts.

6. To enhance cooperation, UNICEF supported cooperation between the private and the public sectors which was a success, for example, with medical and paramedical schools and associations, and in basic education, particularly in the framework of the Global Education Initiative and the Learning Achievements project. Likewise, integrated approaches, combining water supply and sanitation activities with the control of diarrhoeal diseases (CDD) as components of the health programme, proved to be extremely effective.

7. In the least developed regions, specially designed activities in immunization and CDD were effective. Another major lesson was the importance of maintaining an emergency response capacity, as was shown during the military operations that occurred in south Lebanon and West Beqa'a.

8. Awareness-raising campaigns, the dissemination of knowledge and health education aimed at women led to improvements in the numbers of children taken to immunization points or treated quickly for respiratory and diarrhoeal infections.

9. National data for planning and monitoring were generally insufficient. Therefore, a major requirement is to develop cost-effective national data collection and evaluation mechanisms for use by the Government, the private sector and NGOs.

## PROPOSED COUNTRY PROGRAMME STRATEGY

10. Given the considerable success of strategies to achieve the mid-decade goals and the lessons learned in the process, the next country programme aims to achieve and sustain the decade goals at the national level, with particular reference to maternal and child health (MCH), basic education and children and women in especially difficult circumstances; and to narrow the gap in the underserved regions by 25 per cent. This will be achieved principally through strengthening national capacity, particularly extending coverage and effectiveness of basic services, local training, improving data for planning and monitoring, and advocacy and social mobilization. The programme cycle is harmonized with those of the United Nations Development Programme and the United Nations Population Fund, and the development of the proposed country programme strategy for children has benefited from contributions from other United Nations agencies. UNICEF also is cooperating with the Government and other United Nations organizations in preparing the United Nations country strategy note.

11. The new country programme strategy will be three-pronged and comprise: (a) national interventions, including health, education, the Convention on the Rights of the Child and children in especially difficult circumstances; (b) area-focused and multisectoral interventions for high-risk and less developed areas; (c) and cross-cutting interventions, including advocacy and social mobilization. The national programmes will help to sustain and expand achievements, for example, in the expanded programme on immunization and CDD. UNICEF will assist the training of personnel from national and local government and NGOs, provide managerial support for government agencies to improve the coverage and quality of services, and provide limited supplies and equipment. Technical assistance will cover the Ministries of Health, Education and Social

Affairs, and municipalities and local administration. UNICEF also will continue to help NGOs fulfil their roles in the national recovery process.

12. The area-focused strategy will cover geographic pockets where children and women are at highest risk, and where social indicators, with respect to the decade goals and the realization of child rights, are significantly below the levels of national achievements. Most of the areas will be urban slums, underserved rural regions, occupied zones and sites with displaced persons. Local communities and institutions will participate in and draw on the national capacity-building programme for support. UNICEF support will help to extend and improve MCH services, pre-primary and primary education, water supply and sanitation, and initiatives for children in especially difficult circumstances. If required, emergency interventions will be supported so as to contribute to longer-term development efforts.

13. Through the cross-cutting interventions, UNICEF will support advocacy to keep child rights high on the national agenda and to develop approaches that address the provisions of the Convention by programme-specific interventions.

14. The programme will support the collection and analysis of basic data pertaining to the situation of children and women. UNICEF cooperation will complement the assistance of other donors who assist in strengthening Government capacity in systematic data collection and analysis. This is vital for more effective planning, monitoring and evaluation processes, as well as for advocacy on child rights' issues.

15. In health, the main objective will be to reduce IMR and the under-five mortality rate to 27 and 35 per 1,000 live births, respectively, and to reduce by 25 per cent the gap between national indicators and those of underserved areas. UNICEF will support a major sharpening of the strategy, which is a focus on improving prenatal, perinatal and post-natal care for the reduction of IMR. The new strategy also will emphasize attention to improved service delivery in underserved areas and support to primary health care and social development centres. It will target families and mothers, providing health information, and strengthen coordination among the public and private sectors and NGOs.

16. The country programme strategy provides for the phasing-out of two supply intensive projects, water supply and sanitation and essential drugs, which will be taken over by the Government. Technical and logistical assistance, however, will continue to contribute to the revitalization of basic services in underserved and high-risk areas.

17. An improved education management information system is essential for solving the problem of the high drop-out rate and for achieving and sustaining the objective of at least an 80 per cent completion rate of intermediate-level students. To address issues of relevance and quality of education, the Ministry of Education is beginning to adopt the principles of the Global Education Initiative advocated by the United Nations Educational, Scientific and Cultural Organization and UNICEF. Working with both the public and private sectors, UNICEF will support efforts to reduce qualitative disparities and promote better utilization of local experience and expertise.

18. In the aftermath of the civil war, the national healing process will be supported through the "Education for Peace" project pioneered by UNICEF. With little prospects for sustainability, this project, which NGOs have carried out exclusively, will now be brought into the mainstream of formal and non-formal education systems, with NGO cooperation.

19. The limited data available on child labour and children suffering from physical, psycho-social and learning disabilities show an alarming situation. For street children, children in jail and impoverished female-headed households, there is little data available. However, their numbers are probably significant. UNICEF will continue to assist the Ministry of Social Affairs and NGOs in gathering information to help develop a national strategy and programmes to address their needs and rights.

20. Strengthening the role of women as change agents and decision makers will be a priority strategy. The gender perspective will be integrated into capacity-building and area-focused programmes. Data will be disaggregated by gender as part of management information systems. Gender-sensitivity training of government and NGO staff will be a priority. UNICEF will support the training of women for income-earning skills and access to credit, particularly for female heads of households and those in high-risk districts.

21. Advocacy, social mobilization and communications will continue to aim at keeping children high on the public agenda, promote legislation in line with the Convention on the Rights of the Child, secure more resources for human development using the "20/20" concept, forge alliances for children among the Government, the private sector and NGOs, and strengthen communications to improve knowledge, attitudes and practices of the family.

## ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

| | General resources | Supplementary funds | Total |
|---|---|---|---|
| Health | 1 700 | 3 300 | 5 000 |
| Education | 1 200 | 3 400 | 4 600 |
| Children in especially difficult circumstances | 600 | 2 800 | 3 400 |
| Advocacy and communication | 750 | - | 750 |
| Planning, monitoring and evaluation | 750 | - | 750 |
| Total | 5 000 | 9 500 | 14 500 |

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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